MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

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Revised United States Standard Certificate of Death

21.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic). "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as ACCIDENTAL, BUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

Additional space for further statements by physician.

	BUREAU OF VI	BOARD OF HEALTH ITAL STATISTICS TE OF DEATH	all information called for must be written of this supplementary.
1. PLACE OF DEATH County D.C. t. T. Township Monal a City	Refistration District Primary Registration (No	District No. 6063	
(Usual place of abode) Length of residence in city or town where death	•	(If nonre ds. How long in U.S., if of fore	esident give city or town and State) ign birth? yrs. mos. ds.
3. SEX 4. COLOR OR RACE TH MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND 17. I HEREBY CERTS.	That I attended ecceased from
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS	DAYS H LESS than 1 day,	death occurred, on the date states above, at THE CAUSE OF DEATH® WAS AS	
8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		(d. CONTRIBUTORY. (d. (secondary) (d. 18. Where was disease contracted if not at place of death?	iuration)yrs
10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER		WAS THERE AN AUTOPSY1	, м.
13. BIRTHPLACE OF MOTHER (CITY FOR (STATE OR COUNTRY) 14. INFORMANT	TOWN)		<u> </u>
15. FARD Aug. 1010 260 BAY	vady REGISTRAN	20. UNDERTAKER	ADDRESS

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

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